

**Michigan Department of Health and Human Services  
Division of HIV and STD Programs  
HIV Care and Prevention Section (HCPS)  
Integrated Quality Management Plan (QMP) 2016**

**QUALITY STATEMENT**

In accordance with the legislative mandate for quality management by the Ryan White (RW) HIV/AIDS Treatment Extension Act of 2009, HCPS Quality Management (QM) Program is committed to establishing and maintaining coordinated and comprehensive service delivery across the HIV treatment care continuum for Michigan citizens living with HIV. This legislative mandate guides the HCPS to ensure that services are consistent with the latest Health and Human Services (HHS) HIV treatment guidelines (<http://aidsinfo.nih.gov/guidelines>). In accordance with the 2020 National HIV/AIDS Strategy (NHAS), the HCPS strives to reduce gaps and disparities along the HIV Care Continuum, specifically aiming to increase medical retention and viral load suppression for people living with HIV/AIDS (PLWHA). This will be accomplished through strong collaboration with stakeholders, promotion of essential client involvement in the quality process, completion of quarterly progress reports, assessment of key performance measures, and provision of internal and external QM training and monthly QM meetings.

**QUALITY INFRASTRUCTURE**

The HCPS QM Program infrastructure consists of the following:

- Quality Coordinators: Part B QM Coordinator and Part D/Michigan Drug Assistance Program (MIDAP) Quality Assurance (QA) Coordinator
- Internal QM committee: representatives from various HCPS work teams – Fiscal, Quality Management, MIDAP, Program/Nursing, Grants & Contracts, Training, HIV Prevention, Michigan Dental Program (MDP), and the Continuum of Care (COC) and Education, Training & Resource Development (ETRD) Unit Managers
- Leadership: HCPS Section Manager and DHSP Division Director
- RW Parts B and D sub-recipients, inclusive of medical clinics and AIDS Service Organizations (ASO)
- Stakeholders: clients, planning bodies, Health Resources & Services Administration, MDHHS Division of HIV and STD Programs, U.S. Centers for Disease Control and Prevention, RW Parts A, B, C, D, F
- MDHHS HIV Epidemiology and Surveillance

See Appendix B for Michigan's Ryan White organizational chart.

The **Quality Coordinators** are responsible for:

- Co-leading the bimonthly internal Quality Management Committee (QMC) meetings and training staff as needed
- Coordinating the development, testing, and implementation of grantee and sub-recipient performance measures (PM)
- Monitoring sub-recipient PM data on a quarterly basis; providing QM technical assistance (TA) as needed
- Communicating quality issues with HCPS leadership and working together to address challenges
- Reviewing and updating the Integrated Quality Management Plan (QMP) annually
- Keeping abreast of quality improvement techniques and ideas

- Representing their respective RW Parts on the Michigan Regional Group (MIRG), a collaborative of all RW grantees in Michigan whose focus is examining disparities regarding prescription of antiretroviral therapy and viral load suppression
- Researching, creating, and implementing improvement strategies and interventions to improve health outcomes along the HIV Care Continuum (inclusive of direct services provided internally by MIDAP and the Michigan Dental Program (MDP), as well as direct services provided externally by MDHHS sub-recipients)

The **Internal QM committee** is responsible for:

- Developing and annually updating an integrated QMP that includes annual quality goals
- Determining HRSA HIV/AIDS Bureau (HAB) PMs that align with annual goals to be reported from grantee and sub-recipient levels
- Reviewing PM and MIRG data quarterly to identify possible gaps and disparities in health outcomes and/or training opportunities
- Improving HIV Care processes based on sub-recipient and client input
- Assisting with provision of internal and external QM training
- Researching, creating, and implementing improvement strategies and interventions to improve health outcomes along the HIV Care Continuum
- Providing support to the Quality Coordinators in implementing and/or completing all QMP work plan activities

To encourage continuous quality improvement (QI), HCPS requires all **RW Parts B and D sub-recipients** to:

- Provide PM data via CAREWare data entry due by the 10th of each month
- Submit quarterly progress reports, including numerical and narrative updates
- Report QI activities through quarterly quality monitoring and progress reports
- Focus improvement efforts by completing Plan-Do-Study-Act (PDSA) cycles in areas of underperformance (when goals are not met)
- Create, maintain, and update annually their QMPs and submit to MDHHS by December 31
- Incorporate client input into service delivery

### **ANNUAL QUALITY GOALS**

In accordance with the 2015 QMP work plan objectives, the Quality Coordinators conducted a Part B Organizational Assessment (OA) in November 2015. The Quality Coordinators reviewed the OA results together and developed the following annual quality goals:

1. Routinely engage staff in Quality Improvement (QI) activities and provide QM training on a regular basis
2. Implement and measure the impact of Quality Improvement interventions and strategies
3. Communicate QMP objectives to the planning body and obtain feedback regularly
4. Measure and review disparities in quality data as measured by the HHS performance measures, specifically viral load suppression, prescription of antiretroviral therapy, and medical retention
5. Engage and involve clients by regularly obtaining their feedback and incorporating it into the HCPS QM program
6. Focus on fostering strong relationships with consumers with the intention of forming the future QM Consumer Subcommittee. These relationships will be fostered through interactions with members of

the sub-recipient subcommittee, Part D Consumer Advisory Group (CAG), as well as with consumers participating in the Statewide Integrated Planning process.

### **CAPACITY BUILDING**

The Quality Coordinators will attend professional conferences, such as those offered by the National Quality Center (NQC) such as Training of Quality Leaders and Training of Trainers, to increase their knowledge and to network with other Ryan White grantee quality managers. The Quality Coordinators and Internal QM committee will build capacity of internal HCPS staff, sub-recipient partners, and consumers through the provision of training opportunities regarding quality. Capacity building needs will be determined through QM surveys and quarterly feedback from sub-recipients. Orientation for newly hired HCPS staff has been adapted to include three of the Beginner NQC Quality Academy tutorials. Quality Coordinators will also provide quality technical assistance (TA) as needed for sub-recipients, especially with local QMP development and CAREWare performance data utilization. The Quality Coordinators will strive to communicate the importance of sub-recipient QM efforts in contributing to the development of the state and local HIV Care Continuums. Quality Coordinators and sub-recipients will use this information to identify gaps along the care continuum and drive future QI activities to ensure that services are targeted appropriately, with the aim of reducing local disparities.

### **PERFORMANCE MEASUREMENT**

**Selection:** Current performance measures<sup>1</sup> were selected by the QM committee members. QM Coordinators researched HRSA HAB performance measures and presented specific measures for consideration based on 1) the services currently provided by sub-recipients, and 2) the Core measures emphasized in the Parts B and D grants. As of October 1, 2015, the Medical Visit Frequency was removed from the list due to the modified version not calculating correctly in CAREWare. The Gap measure, which also looks at medical retention (but over a 12 month instead of 24 month period), remains. Moving forward, HCPS will regularly present performance measure data to sub-recipients and other stakeholders, as applicable, and obtain their input in the selection of additional performance measures. In 2016, the Michigan Dental Program, which provides direct services internally, added a measure regarding client utilization of oral health services.

**Reporting:** Performance measure data will be reported in CAREWare by sub-recipients across the state by the 10<sup>th</sup> of each month. The MIDAP team is responsible for documenting and submitting data for the reportable ADAP performance measures. Similarly, the MDP Program is responsible documenting and submitting oral health service performance measures. Quality Coordinators monitor performance measures on a quarterly basis, analyze the data, identify areas of underperformance, make recommendations for quality improvement, and prepare individual and aggregate QM reports. Aggregate reports will be presented or disseminated to the planning body, HIV Care leadership, QM committee, funded sub-recipient staff, and other relevant stakeholders. Continuous validation checks are performed at monthly financial report reviews and during site visits to ensure consistent reporting across client medical records and CAREWare files. To supplement the validation process for viral load suppression data, HIV Surveillance lab data will be utilized instead of manual data entry.

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<sup>1</sup> See Appendix A for performance measure numerator, denominator, & data element details.

## List of Performance Measures:

Below is a table that depicts performance measurement progress starting in 2013 for Ryan White Parts B and D, MIDAP, and MDP. Goals were initially developed from baseline data. Upon review of aggregate 2014 and 2015 data, the following goals were updated. Part D HIV Viral Load Suppression was increased from 70% to 80%, both Parts B and D Prescription of ART increased from 70% to 80%, Part D Gap in HIV Medical Visits was reduced from 35% to 25%. HCPS recognizes that many of the set goals are below national thresholds. These goals are still considered intermediate; more recent data will be reviewed, and adjustments will be considered in the next QM Plan update.

**Table 1. Parts B and D Performance Measure Progress**

Performance Measure	Goal	Part B Baseline (2013)	Part B Update (2015)	Part D Baseline (2013)	Part D Update (2015)
<u>HIV Viral Load Suppression:</u> Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year	80%	80.5%	81.5%	61.6%	74.3%
<u>Prescription of ART:</u> Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	80%	80.5%	91.4%	61.6%	74.3%
<u>Gap in HIV Medical Visits:</u> Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year.	<25%	22.5%	22.3%	28.3%	22.8%

**Table 2. MIDAP Performance Measure Progress**

Performance Measure	Goal	Baseline (2014)	Update (2015)
<b>MIDAP only:</b> <u>MIDAP Determination:</u> Percentage of MIDAP applications approved or denied for new MIDAP enrollment within 14 days (two weeks) of MIDAP receiving a complete application in the measurement year	80%	94.12%	Not yet available
<u>MIDAP Formulary:</u> 100% of new HIV anti-retroviral drugs are included in the ADAP formulary within 90 days of the date of FDA approval during the measurement year	100%	100%	100%
<u>MIDAP Viral Load Suppression:</u> 80% Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year	80%	83.45%	83.53%

**Table 3. MDP Performance Measure Progress**

<b>Performance Measure</b>	<b>Goal</b>	<b>Baseline (6/2015)</b>	<b>Update (12/2015)</b>
<u>MDP Viral Load Suppression:</u> 80% Percentage of active MDP clients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year	80%	79.98%	88.24%
<u>MDP Utilization:</u> 75% Percentage of active MDP clients, regardless of age, that utilized at least one MDP service during the measurement year	75%	32.4%	60.2%

HCPS modified the performance measures listed above in Table 1 to reflect Part-specific and RW service-specific outcomes, in order to better align with the outcome measures outlined by HRSA on the Part B Implementation Plan.

### **SUB-RECIPIENT QUALITY MANAGEMENT**

The Quality Coordinators monitor sub-recipient performance through the conduction of annual site visits, review of quarterly progress reports and monthly data submissions, and provision of technical assistance (TA), including feedback on local quality management plan (QMP) development and implementation. During the FY14-15 site visit cycle, a QM pilot tool was conducted that assessed appropriate documentation of select performance measures in CAREWare and client files. For the next round of site visits (FY15-16), the QM tool will be expanded to include a comprehensive assessment of sub-recipients' quality management infrastructure, adherence to deadlines, inclusion of required QM plan components, documentation of performance measures, and communication methods with internal and external stakeholders. This expanded tool will be provided to sub-recipient prior to the site visit.

Based on the information presented at the QM Sub-recipient Subcommittee meeting in January 2016, sub-recipients will use epidemiological data to enhance communication and collaboration between agencies. The goal is to conduct quality improvement initiatives locally to improve the bars of the HIV Care Continuum, particularly targeting individuals who are out of care. Contractual obligations related to QM will be revisited and possibly expanded to ensure conduction of continuous quality improvement initiatives.

### **QUALITY IMPROVEMENT**

Sub-recipients funded for Outpatient Ambulatory Medical Care (OAMC) or Medical Case Management (MCM) are responsible for providing performance measure data regarding viral load suppression, prescription of antiretroviral therapy, and gap in HIV medical visits via CAREWare data entry and progress reports. Sub-recipients funded for RW support services are responsible for reporting gap in HIV medical visits. Sub-recipients will report any QI activities to the respective Quality Coordinators within quarterly progress reports. Quality Coordinators will work with sub-recipients whose performance measure results do not meet the established goal or threshold as specified in work plans. Quality Coordinators will provide TA (e.g. Model for Improvement methodology which includes PDSA cycles) to facilitate QI. Within the internal Quality Management Committee (QMC), the Quality Coordinators will encourage research initiatives taken by individual members on various QI strategies that may be applicable to regions with higher unmet need. These strategies can then be shared with providers in the respective areas for potential local implementation.

### HCPS QI Projects:

In October 2015, the Part D program underwent performance measure modification to allow service specific reporting similar to the process used by Part B. These modified measures are monitored on a quarterly basis. The Quality Coordinators supplement this process by providing individualized technical assistance as needed to help sub-recipients better understand the purpose and practical utilization of performance measure reporting.

Contracts require the current month's data to be entered into CAREWare by the 10<sup>th</sup> of the following month. The Quality Coordinators work with HCPS staff to ensure sub-recipients meet this deadline. Sub-recipients who are not meeting this requirement are offered TA and offered other support to encourage meeting their contractual agreement. RW staff are working on a project to track timeliness of sub-recipient data entry. Each sub-recipient's CAREWare data is reviewed after the 10<sup>th</sup> of each month and compared to previous months' data for changes. If the number of entered service units does not follow prior monthly trends, sub-recipients are contacted to discuss possible events affecting data entries, and ensure that data submission for the identified time frame is complete. HCPS staff will continue to monitor sub-recipient data submissions, which have been captured for a total duration of one year to date.

CAREWare service and subservice terminology was first standardized and implemented in October 2014. However, some sub-recipients reported that not all services they provided were captured under the current CAREWare subservice options. In August 2015, HCPS staff addressed these concerns by incorporating additional services into the standardized subservices glossary and distributed this draft to sub-recipients for feedback. In September 2015, this glossary was finalized and distributed to sub-recipients for implementation effective October 1, 2015. Ongoing feedback will be accepted and reviewed annually for glossary updates prior to the start of each new contract year (October 1 - September 30). Careful consideration will be taken with suggested changes or additions that may impact performance measure outcomes.

A MIDAP quality pilot project focusing on client utilization of prescription ART was initiated in November 2015, with the aim of reducing non-utilization of MIDAP prescription coverage. From January to August 2015, 432 non-utilizing clients were identified as not filling any medication scripts during the 7 month timeframe. The MIDAP QA Coordinator worked with MIDAP staff to develop a script to document potential reasons for client non-utilization. The MIDAP Services Coordinator contacted all 432 clients to inquire about reasons for non-utilization using the script developed. The MIDAP QA Coordinator analyzes and compiles the data from the scripts to assess causes for non-utilization, appropriate utilization of services, and treatment adherence. Starting in January 2016, MIDAP non-utilization rates will be reviewed on a quarterly basis. The MIDAP QA Coordinator collaborates with the Pharmacy Benefit Manager (PBM) to obtain quarterly reports of MIDAP clients who have not utilized MIDAP services during a three month timeframe. MIDAP staff work with the MIDAP QA Coordinator to contact clients and inquire about non-utilization causes and document causes. The MIDAP QA Coordinator will analyze the quarterly data to assess the causes for non-utilization and trends in non-utilization rates over time. Based on the findings of the quarterly non-utilization analyses, the Quality Coordinators in conjunction with MIDAP staff, CoC Manager, and ETRDU Manager, will develop an action plan to improve medication adherence, appropriate utilization of services.

### **ENGAGEMENT OF STAKEHOLDERS**

To keep stakeholders updated and engaged, HCPS will provide information on statewide data, program implementation, best practices, quality management activities, and feedback on suggestions. In return, HCPS will solicit input regarding annual QM plan/goals, performance measures, planning for new programs and evaluating existing programs. This will be gathered at in-person meetings, via surveys, or review of relevant materials and will be incorporated into the QM Committee decision-making.

## **Planning Bodies**

In addition, HCPS will maintain a collaborative relationship with HIV planning bodies that include clients who are most impacted by HCPS RW programs. The QM coordinators plan to present on the QM plan and quality indicators to the planning body for feedback. As needed, ad-hoc committees within the councils will be utilized to get feedback and input.

## **Sub-Recipients**

The internal QM Committee is committed to incorporating stakeholder input in its efforts to improve the quality of RW services throughout Michigan. An annual satisfaction survey is administered to assess satisfaction of HCPS services provided to sub-recipients. The QM Coordinators have established a QM Sub-recipient Subcommittee, composed of staff from funded providers who regularly engage in quality management activities at their organization. The objective is to strengthen cross-parts collaboration with sub-recipient agencies as well as provide sub-recipients with the opportunity to discuss best practices across the state to improve the bars of the HIV Care Continuum.

Sub-recipients are all contractually required to conduct quality improvement activities based on performance measures and gather input from their clients at the local level. This can be done through an agency-level community advisory board, annual satisfaction surveys, suggestion boxes, etc. In doing this, they must ensure that clients are informed and involved throughout the process. Input from sub-recipients and their clients will be reported to the QM Committee and incorporated into the group's activities.

## **Consumers**

### Annual Satisfaction Surveys

For programs implemented directly by HCPS (MIDAP and Michigan Dental Program), annual satisfaction surveys are conducted to gain client input on service delivery and other program components.

### Consumer Subcommittee

The strengthening of the relationships with sub-recipients will aid in the future formation of the Consumer Subcommittee as connections with clients are developed. The objective is to establish the Consumer Subcommittee by January 2017. The consumer subcommittee will include people living with HIV who receive RW services across the state and are interested in contributing to program improvements. It is anticipated that these client connections will further be solidified as consumer networking occurs during the Integrated Planning process as well as with the Community Engagement Subcommittee of the Michigan HIV/AIDS Council (MHAC) and the RW Part D Consumer Advisory Group (CAG).

### Part D Consumer Advisory Group (CAG)

During FY15, The RW Part D Coordinator worked with the Wayne State University (WSU) Sinai Grace clinic to re-invigorate a women's consumer advisory group in Southeast (SE) Michigan. This group is comprised of women who access RW Part D funded services in the Southeast Michigan area as well as providers who deliver RW Part D funded services to these consumers. The objective of this group is to serve as a consumer feedback mechanism for the RW Part D program in SE MI; however, the information provided by this group may be applied and utilized across all Ryan White Parts. While in its early stages, the RW Part D staff are developing a formal process to use the information derived from this group to continuously improve the quality of HIV care services provided to consumers of the RW Part D program. This group meets monthly and is in the process of creating a member manual, and guidance for what is expected as a member of this group.

#### Quality Newsletter with Consumer Perspective section

The Quality Coordinators will launch a quarterly Quality Newsletter by September 2017. This Quality Newsletter will entail a consumer perspective section which aims to highlight the experiences of PLWH receiving HIV care. The Quality Newsletter will be distributed to the sub-recipients and the HIV community, including consumers, clinical providers, planning bodies, and other RW parts.

#### Ideal Visit Mapping Project

The Quality Coordinators will collaborate with 2-3 sub-recipient agencies to develop and implement a pilot “Ideal Visit” Mapping Project which will aim to assess consumers’ perceptions of the quality of health care services received during a provider visit. This project is to be implemented in Fall 2016. An application will be distributed to assess preliminary interest in participation. The Quality Coordinators, in collaboration with the QM Committee, will review applications and select 2-3 candidates for implementation of this project.

The Quality Coordinators will convene a series of planning meetings with the selected sub-recipient leads to develop the mapping forms and ensure client level readability. The ideal visit mapping forms will be distributed to clients by receptionist staff, case managers, or peer navigators. The exact mapping process that will be implemented at each agency is to be determined by the needs and goals of each individual agency. The ideal visit mapping forms will be utilized by clients for an estimated duration of 3 weeks. The Quality Coordinators will collaborate with sub-recipient leads to analyze the mapping forms and compile the results. The findings will be shared with the participating agencies in order to inform future local quality improvement projects. With permission of the agencies, the findings of this project will also be showcased in a future quarterly Quality Newsletter or shared with other stakeholders.

### **PROCEDURES FOR UPDATING QM PLAN**

The Quality Coordinators, in conjunction with the Internal QM Committee, will review the entire current QM plan annually to review items such as goal suitability, work plan activities’ progress and feasibility. Adjustments will be made as needed, and the updated QM Plan will undergo review and approval by the HCPS Section Manager, then submitted to HRSA Project Officers.

### **COMMUNICATION**

The Quality Coordinators will annually share and/or present the updated HCPS QM plan and aggregate performance measure data to stakeholders including the planning bodies. The Quality Coordinators aim to establish a quarterly quality newsletter that will showcase best practices adopted by sub-recipients and to distribute information on quarterly quality monitoring trends. Quality Coordinators and respective Program Coordinators will communicate with each other biweekly regarding identified sub-recipient data issues. Quality Coordinators will contact funded sub-recipients quarterly to discuss individual performance data and QI activities.

### **EVALUATION**

Evaluation activities will be led by the Quality Coordinators and may involve Internal QM committee members. In adherence to HRSA Policy Clarification Notice #15-02, the QM program will be evaluated annually through assessment of three broad areas: quality infrastructure effectiveness, QI activities’ success in meeting annual quality goals, and performance measure appropriateness and achievement.



Evaluation results will feed into the next year's QM plan and quality activities. If goals are not met, they will be reviewed to identify challenges/barriers; goals may be revised or realigned and efforts will be continued the next year to meet the targets. If goals were reached, the focus will shift to sustaining those goals. In addition, at least one organizational assessment (either Part B or Part D) will be conducted annually. OA results will be compared to those of previous years; the resulting lowest scoring areas will help determine where attention is needed for the upcoming year. In November 2015, the Part B OA results showed that areas of improvement included internal staff QM training and communication with planning bodies. Taking these results into consideration, the Quality Coordinators strongly encouraged internal staff participation in the HRSA Virtual Administrative Reverse Site Visit (VARSV) webinars in February 2016. In addition, the Quality Coordinators have initiated communication with the Community Planner to request future QM participation in the 2016 quarterly planning body meetings. The intention is that OA scores will increase over time as the Michigan QM program expands and becomes well-established. As the QM program builds strong roots, quality improvement will naturally become a part of all staff positions.

## WORK PLAN

Topic	Activities	Measurement	Person(s) Responsible	Frequency
<b>A. ORGANIZATIONAL ASSESSMENT: To what extent are staff routinely engaged in quality improvement activities and provided training to enhance knowledge, skills and methodology needed to fully implement QI work on an ongoing basis?</b>	1. Include basic NQC QM tutorials as part of orientation for newly hired HCPS staff	# of newly hired staff who completed QM training as part of their orientation	Quality Coordinators, HCPS leadership	By June 2015
	2. Provide QM training internally and externally (in-person and webinar trainings, including conference sessions/presentations)	# QM trainings held internally  # QM trainings held externally  # of participants	Quality Coordinators, QM committee members	Semi-annually
	3. Provide quality technical assistance to sub-recipients, as needed	# of QM technical assistance sessions provided	Quality Coordinators	As requested
	4. Hold regular QM Committee meetings bimonthly	# of QM Committee meetings held	Quality Coordinators, QM Committee	Bimonthly
	5. Actively participate in the Michigan Regional Group (MIRG)	# of MIRG meetings attended, and in which HCPS actively participated	Quality Coordinators, designated QM Committee members	Quarterly (usually January, April, July, October)
<b>B. ORGANIZATIONAL ASSESSMENT: To what extent does the HIV program measure disparities in care and in outcomes, and use performance data to improve care to eliminate or mitigate discernible disparities?</b>	1. Monitor individual sub-recipient performance measure (PM) data	# of QM Coordinator reviews of individual sub-recipient PM data as part of QM monitoring	Quality Coordinators	Quarterly (January, April, July, October)
	2. Provide performance measure data feedback to individual sub-recipients as part of QM monitoring	# of QM Coordinator individual sub-recipient feedbacks given within one month as part of QM monitoring	Quality Coordinators	Quarterly (February, May, August, November)

	3. Analyze data for MIRC standardized reports and submit data	# of MIRC data analyses  # of MIRC data submissions	Quality Coordinators, Program Coordinators, Data analysts	Quarterly
<b>C. ORGANIZATIONAL ASSESSMENT: To what extent are external stakeholders (consumers, sub-recipient network, planning bodies) effectively engaged and involved in the HIV QM program?</b>	1. Share performance measure data reports and Quality Management Plan (QMP) with stakeholders	# of informational shares (QMP, aggregate performance measure reports with planning council(s) )	Quality Coordinators, QM Committee members	Annually (performance measures and QMP)
	2. Conduct Annual Client Satisfaction Surveys	# of Client Satisfaction surveys (MIDAP, MDP) conducted	Quality Coordinators, MIDAP Staff, MDP Staff	Annually
	3. Convene continuous Sub-recipient Subcommittee Meetings	# of Sub-recipient Subcommittee meetings convened  # of collaborative interagency QI projects initiated  # of meeting attendees  # of meeting evaluations conducted	Quality Coordinators	Quarterly
	4. Establish Consumer Subcommittee	# of consumer subcommittee meetings convened  # of meeting attendees  # of meeting evaluations conducted	Quality Coordinators	January 2017
	5. Develop Quality Newsletter, including Consumer Perspective Section	# of newsletters developed  # of newsletters distributed  # of stakeholders with whom	Quality Coordinators	Quarterly

		newsletter was shared with		
	6. Implement Ideal Visit Mapping Project	# of participating agencies  # of mapping forms collected and analyzed  # of interested stakeholders with whom findings were shared with	Quality Coordinators	One-time, Fall 2016
	7. Participate in Part D Consumer Advisory Group (CAG) in Southeast MI	# of CAG meetings attended and actively participated in  Incorporation of CAG feedback to improve quality of services provided to consumers of RW Part D Program	Part D Coordinator, Part D/MIDAP Quality Coordinator	Monthly
<b>D. EVALUTION: Quality Infrastructure effectiveness</b>	1. Assess current and potential membership for QMC and Subcommittees via a survey or application	# of QMC membership surveys conducted  # of QMC membership applications reviewed	Quality Coordinators, HCPS leadership	Semi-annually
<b>E. EVALUATION: Quality Improvement activities' success in meeting annual quality goals</b>	1. Organizational assessment (either Part B or D) conducted	# of organizational assessment conducted	HCPS staff, objective individual that is knowledgeable in quality	Annually
	2. Conduct surveys to obtain satisfaction from sub-recipients, clients, and internal staff	# of satisfaction surveys conducted to clients (MDP and MIDAP), sub-recipients, and internal staff	Quality Coordinators	Annually
<b>F. EVALUTION: Performance measure appropriateness and achievement</b>	1. Review aggregate and individual sub-recipient PM data	# of PM data reviews at monthly QMC meetings	QMC	Semi-Annually
	2. Review QM components at sub-recipient site visits	# of sub-recipient site visits conducted in which QM	Quality Coordinators	Annually (per sub-recipient)

		Components were reviewed		
	3. Sub-recipient reporting of applicable PM data	# of individual sub-recipient PM data submissions	Sub-recipients	Semi-annually or Quarterly (dependent on contract type)
<b>G. Quality Improvement: HCPS projects</b>	1. Review sub-recipient data entry of subservices in CAREWare after the 10 <sup>th</sup> of each month, and identify changes in subservice and client counts over time	# of sub-recipient subservice and client data entry reviews  # of sub-recipients contacted due to late CAREWare data entry	Quality Coordinators, Part B Coordinator, Part D Coordinator, Part B Supplemental Coordinator	Monthly
	2. Standardization of CAREWare subservices adjusted based on sub-recipient feedback on subservice gaps	# of sub-recipients who provided feedback on subservice gaps  % of sub-recipients, of those who provided feedback, able to accurately capture in CAREWare the RW subservices they provide using the standardized subservice terminology	Sub-recipients, Program Coordinators, Data team, Quality Coordinators	Standardized CAREWare subservices updates will be implemented by October 1, 2016
	3. MIDAP will reduce ScriptGuideRx non-utilization rates by directly contacting clients who have not filled a prescription using MIDAP coverage in 3 months	ScriptGuideRx non-utilization rates will decrease by 10%  # of MIDAP clients on non-utilizer list provided by Pharmacy Benefit Manager (PBM)  # of non-utilizers successfully contacted  # of non-utilization scripts documented for each client contacted	MIDAP/Part D Quality Coordinator, MIDAP staff	Quarterly

		<p># of clients accurately identified as true non-utilizers</p> <p># of clients whose contact information verified for accuracy in CAREWare and ScriptGuideRx</p>		
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## APPENDIX A

MDHHS Summary of Performance Measures – Part B					
Service Category	CW Label	Measure	Numerator	Denominator	Relevant Data Elements
Outpt./Amb Med CM ADAP	1BO/A 1BMCM DAPCore1	<u>HIV VIRAL LOAD SUPPRESSION:</u> 1. Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit, at least one Part B service, and at least one specific service [see CW label] in the measurement year	Last Quantitative Lab Value HIV Positive  Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed
Outpt./Amb EIS Med CM	2BO/A 2BEIS 2BMCM	<u>PRESCRIPTION OF HIV ART</u> 2. Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit, at least one Part B service, and at least one specific service [see CW label] in the measurement year	# of ARV active ingredients HIV Positive  Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed
Outpt./Amb EIS Mental Health Med Nutr. Ther Med CM Subst. Abuse Non Med CM Emerg Finan Assist. HERR HIPCA Foodbank Housing Linguistic Med Trans Psychsoc Supp	4BO/A 4BEIS 4BMH 4BMNT 4BMCM 4BSA:O 4BNMCM 4BEFA  4BHERR 4BHPCA 4BFB 4BH 4BL 4BMT 4BPS	<u>GAP IN HIV MEDICAL VISITS</u> 4. Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year.	Number of patients in the denominator who did not have a medical visit in the last 6 months of the measurement year	Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year and at least one Part B service and at least one specified service [see CW label] in the measurement year  *EXCLUDES clients that died during measurement year	HIV Positive  Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed  Vital Status

## MDHHS Summary of Performance Measures – Part D

Service Category	CW Label	Measure	Numerator	Denominator	Relevant Data Elements
Med CM Outpt./Amb	1DMCM 1DO/A	<u>HIV VIRAL LOAD SUPPRESSION:</u> 1. Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit, at least one Part D service, and at least one specific service [see CW label] in the measurement year	Last Quantitative Lab Value HIV Positive  Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed
Med CM Outpt./Amb	2DMCM 2DO/A	<u>PRESCRIPTION OF HIV ART</u> 2. Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit, at least one Part D service, and at least one specific service [see CW label] in the measurement year	# of ARV active ingredients HIV Positive  Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed
HERR Linguistic Med CM Med Nutr. Ther Med Trans Mental Health Non Med CM Outpt./Amb Psychsoc Supp	4DHERR 4DL 4DMCM 4DMNT 4DMT 4DMH 4DNMCM 4DO/A 4DPS	<u>GAP IN HIV MEDICAL VISITS</u> 4. Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year.	Number of patients in the denominator who did not have a medical visit in the last 6 months of the measurement year	Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year, at least one Part D service, and at least one specific service [see CW label] in the measurement year  *EXCLUDES clients that died during measurement year	HIV Positive  Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed  Vital Status

For reference of all D and B performance measures, visit HRSA HAB Performance Measures at

<http://hab.hrsa.gov/deliverhivaidscore/habperformmeasures.html>



Appendix B. Michigan Ryan White Organizational Chart

